PUBLIC HEALTH, WELFARE & SAFETY
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MONTANA MEDICAL ASSOCIATION

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TO: EACH MEMBER, SENATE COMMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

FROM: KURT T. KUBICKA, M.D., CHAIR, COMMITTEE ON LEGISLATION

Senator,

I greatly appreciate the opportunity to address several of the concerns which the Montana Medical Association has regarding SB 233. To begin, let us for a moment consider the sorts of medications which psychologists seek to prescribe under this legislation.

Olanzapine, more commonly known by its brand name Zyprexa, is one of the most commonly prescribed antipsychotics, widely used in the treatment of schizophrenia as well as bipolar disorder. In reviewing the Physicians Desk Reference you will find that among the more serious potential side effects or untoward consequences of the use of olanzapine are diabetes and neuroleptic malignant syndrome. More specifically extreme cases of hyperglycemia (elevated blood sugar) including a potentially lethal condition, diabetic ketoacidosis, are reported. Diabetic ketoacidosis is a frequently encountered condition in type I, juvenile onset, diabetes. Diabetic ketoacidosis, or DKA, causes serious disruption to the electrolytes or bloodsalts, including potassium, which can result in fatal cardiac rhythm disturbances, as well as gross aberrations in the body's regulation of pH or acid/base status. DKA must be recognized promptly and treatment generally requires admission to an intensive care unit where intravenous insulin, and carefully measured electrolyte infusions are administered. It is a condition in which family practitioners, internists and pediatricians receive extensive residency training. A physician prescribing olanzapine must be competent to recognize DKA. A physician practicing in a rural community must not only be able to recognize DKA but initiate timely treatment in their community hospital.

Neuroleptic malignant syndrome, again a potential side effect of olanzapine and related medications, is a potentially fatal symptom complex which includes hyperpyrexia (elevated body temperature), muscle rigidity, altered mental status and autonomic instability which may include irregular pulse or blood pressure, accelerated heart rate, diaphoresis, and cardiac dysrhythmia. Additional complications may include elevated creatinine phosphokinase, myogloninuria, and acute renal failure. Put more simply neuroleptic malignant syndrome can result in sudden and extensive breakdown of muscle tissue resulting in spillage of breakdown products into the blood stream, overwhelming the kidneys filtering capacity and resulting in sudden kidney failure. Treatment taxes the abilities of physicians with years of relevant training and experience.

Fluoxetine, now available as a generic medication and as branded Prozac, is among the most widely prescribed antidepressants. (It is a safe bet that at the conclusion of the last legislative session at least several legislators were taking this medication.) Again turning to the Physician Desk Reference, we

find that while fluoxetine is widely prescribed and generally well tolerated caution is warranted. In particular, like other serotonin reuptake inhibitors and particularly when combined with triptan medications widely used in the treatment of migraine, fluoxetine can lead to the development of potentially life-threatening serotonin syndrome. The serotonin syndrome can include coma and autonomic instability - accelerated heart rate, precipitous changes in blood pressure, and increased core body temperature. As with olanzapine numerous pitfalls well outside the psychologic realm attend the use of fluoxetine including abnormal bleeding and hyponatremia or low blood sodium, a condition which can precipitate seizures and coma and which requires urgent in hospital treatment, often in an intensive care unit. Again, physicians are required by statute to complete at least two years of intense training following medical school in order that they are prepared to recognize and treat such complications. In fact, nearly all practicing physicians in Montana have completed residency training of a minimum of three years after completing medical school.

Psychologists, particularly at the PhD level, receive extensive training in the recognition of psychiatric illnesses such as schizophrenia, bipolar disorder, and major depression. There is no doubt that they are able to diagnose such conditions and provide valuable cognitive therapy to patients. The prescription of medications with far reaching physiologic consequences is another matter entirely. They who prescribe these medications must not only be able to correctly diagnose psychiatric conditions but must be cognizant of the entirety of the patient's health status. Does the patient have compromised heart or kidney function making them particularly vulnerable to the sorts of conditions described above? What other medications might the patient be taking and how may those medications affect the metabolism of the prescribed psychiatric medication? Who will be responsible to recognize, treat and if necessary hospitalize the patient when complications arise?

Medical doctors, psychiatrists in particular, receive the training necessary to not only recognize and treat psychiatric illness but also to attend to all of the implications in the use of psychotropic medications. Medical doctors, including primary care physicians, are happy to work collaboratively with psychologists and other therapists in caring for the mentally ill and to prescribe and bear responsibility for medications. This helps to assure access to the full scope of services required in the care of psychiatric illness.

Ten weeks of training can not possibly prepare a psychologist to prescribe medications. Without the training and hospital privileges necessary to manage untoward outcomes, psychologists can not attend to the predictable complications of the use of these medications. Public safety demands that those who prescribe medications understand the full implications of their use and can manage the complications which must be expected.

The Montana Senate wisely rejected prescriptive authority for psychologists in 2007. We believe this was the right decision then and remains the right decision now.